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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | ATTORNEY'S DOCKET NUMBER<br>20696-00097-US1<br>U.S. APPLICATION NO. 10/986058 (see 37 CFR 1.5) |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2005/000716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INTERNATIONAL FILING DATE<br>14 January 2005 | PRIORITY DATE CLAIMED                                                                          |
| TITLE OF INVENTION<br>FUEL INJECTION VALVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                                |
| APPLICANT(S) FOR DO/EO/US<br>Shinji Okuhara et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                                                                |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.<br>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.<br>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.<br>4. <input type="checkbox"/> The US has been elected (Article 31).<br>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))<br>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> has been communicated by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).<br>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).<br>a. <input checked="" type="checkbox"/> is attached hereto.<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).<br>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> have been communicated by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).<br>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).<br><b>Items 11 to 20 below concern document(s) or information included:</b><br>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.<br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>13. <input checked="" type="checkbox"/> A preliminary amendment.<br>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.<br>15. <input type="checkbox"/> A substitute specification.<br>16. <input type="checkbox"/> A power of attorney and/or change of address letter.<br>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 – 1.825.<br>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).<br>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). |                                              |                                                                                                |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| U.S. APPLICATION NO. <b>10/593058</b><br>INTERNATIONAL APPLICATION NO.<br>PCT/JP2005/000716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ATTORNEY'S DOCKET NUMBER<br>20696-00097-US1                                                                                                                                                                        |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------|--------------|----------|--|------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--------|---------------------------------------------|--|--|---|------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 20. <input checked="" type="checkbox"/> Other items or information: International Search Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| The following fees have been submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| 21. <input checked="" type="checkbox"/> Basic national fee (37 CFR 1.492(a)) ..... \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">CALCULATIONS</th> <th style="width: 10%;">PTO USE ONLY</th> </tr> <tr> <td>\$ 300.00</td> <td></td> </tr> </table> | CALCULATIONS                                                                  | PTO USE ONLY                                                                  | \$ 300.00            |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| CALCULATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PTO USE ONLY                                                                                                                                                                                                       |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| \$ 300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| 22. <input checked="" type="checkbox"/> Examination fee (37 CFR 1.492(c))<br>If the written opinion prepared by ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4) ..... \$0<br>All other situations ..... \$200                                                                                                                                                                                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$ 200.00</td> <td style="width: 10%;"></td> </tr> </table>                                                        | \$ 200.00                                                                     |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| \$ 200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| 23. <input checked="" type="checkbox"/> Search fee (37 CFR 1.492(b))<br>If the written opinion of the ISA/US or the international preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4) ..... \$0<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority ..... \$100<br>International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB ..... \$400<br>All other situations ..... \$500 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$ 400.00</td> <td style="width: 10%;"></td> </tr> </table>                                                        | \$ 400.00                                                                     |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| \$ 400.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <b>TOTAL OF 21, 22 and 23 =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$ 900.00</td> <td style="width: 10%;"></td> </tr> </table>                                                        | \$ 900.00                                                                     |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| \$ 900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing in an electronic medium) (37 CFR 1.492(j)).<br>The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Total Sheets</th> <th style="width: 15%;">Extra Sheets</th> <th style="width: 35%;">Number of each additional 50 or fraction thereof (round up to a whole number)</th> <th style="width: 35%;">RATE</th> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td></td> <td>x \$250.00</td> </tr> </table>                                                                                                                                                                                                                 | Total Sheets                                                                                                                                                                                                       | Extra Sheets                                                                  | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                 | - 100 =      | /50 =    |  | x \$250.00 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> </tr> </table> | \$      |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Extra Sheets                                                                                                                                                                                                       | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                                                                          |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| - 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | /50 =                                                                                                                                                                                                              |                                                                               | x \$250.00                                                                    |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Surcharge of \$130 for furnishing any of the search fee, examination fee, or the oath or declaration after the date of commencement of the national stage (37 CFR 1.492(h)).                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 40%;">RATE</th> </tr> <tr> <td>Total claims</td> <td>9 - 20 =</td> <td></td> <td>x 0.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td></td> <td>x 0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+</td> </tr> </table>                                                                                                           | CLAIMS                                                                                                                                                                                                             | NUMBER FILED                                                                  | NUMBER EXTRA                                                                  | RATE                 | Total claims | 9 - 20 = |  | x 0.00     | Independent claims                                                                                                                                   | 1 - 3 = |  | x 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> </tr> </table> | \$ |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NUMBER FILED                                                                                                                                                                                                       | NUMBER EXTRA                                                                  | RATE                                                                          |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9 - 20 =                                                                                                                                                                                                           |                                                                               | x 0.00                                                                        |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 - 3 =                                                                                                                                                                                                            |                                                                               | x 0.00                                                                        |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                                                               | +                                                                             |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$ 900.00</td> <td style="width: 10%;"></td> </tr> </table>                                                        | \$ 900.00                                                                     |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| \$ 900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Amount to be refunded:</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>Amount to be charged</td> <td>\$</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                    | Amount to be refunded:                                                        | \$                                                                            | Amount to be charged | \$           |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Amount to be refunded:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                                                                                                                                                 |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |
| Amount to be charged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                                                                                                                                                                                                 |                                                                               |                                                                               |                      |              |          |  |            |                                                                                                                                                      |         |  |        |                                             |  |  |   |                                                                                                                                                      |    |  |

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PTO-1390 (Rev. 07-2005)

Approved for use through 03/31/2007. OMB 0651-0021  
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- AP20 Rec'd PTO 14 JUN 2006**
- a. ☐ A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- b. ☒ Please charge my Deposit Account No. 22-0185 in the amount of \$ 900.00 to cover the above fees.  
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 22-0185. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO -2038

**NOTE:** Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

Myron K. Wyche  
CONNOLLY BOVE LODGE & HUTZ LLP  
1990 M Street, N.W., Suite 800  
Washington, DC 20036  
(202) 331-7111

CUSTOMER NUMBER: 30678

  
SIGNATURE

Myron Keith Wyche  
NAME

47,341  
REGISTRATION NUMBER